



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	30 July 2024
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0044251

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 30 July 2024	09:15hrs to 17:15hrs	Robert Hennessy	Lead
Tuesday 30 July 2024	09:15hrs to 17:15hrs	Mary O'Mahony	Support

## What residents told us and what inspectors observed

Overall, residents in Powdermill Nursing Home and Care Centre were supported to have a good quality of life. All residents spoken with on the day of inspection were content and complimentary of the service provided. The inspectors spoke with both visitors and residents throughout the day of inspection and spoke with 12 residents in more detail. Residents spoke of being very happy in the centre when it came to the staff and care provided. A number of visitors were seen coming and going all day and four of them spoke with inspectors. They were complimentary about their experience of the care and the good communication with staff. Two visitors went out of their way to speak to the inspectors to compliment the centre with one of them calling it "home from home". One resident also described coming out of hospital and getting back to the centre as "good to be home".

The person in charge, along with other members of the management team, met with the inspectors at the beginning of the inspection, there was an opening meeting and then the inspectors went on a walk around the centre. Powdermill Nursing Home and Care Centre is a centre registered to accommodate 40 residents. There were 39 resident residing in the centre on the day of inspection. The inspectors saw that bedrooms were well maintained and there was ample storage facilities for residents clothing. Many of the bedrooms were personalised with residents own belongings and pictures in their rooms. The centre provided a homely environment for residents, with features such as exposed brickwork and wallpaper being added since the last inspection. The fire evacuation stairs had a second handrail added. It was evident that the flooring had been upgraded in some areas of the centre since the last inspection.

It was evident that there was ongoing work being undertaken in the outdoor areas of the centre. There was paved path constructed to assists the residents to use and move around the outdoor areas. New areas for residents to sit out were in place, these areas were well set up with new furniture and were secure for residents. Further work was being undertaken with workmen in the outdoor space working on the day of inspection. A skip for disposing items was present and items not required in the centre any longer were being removed. Power washing of the outdoor area was also being completed.

There was a variety of food on offer for the residents. Staff were aware of the preferences and choices of resident regarding meal times. The dining areas allowed for social interaction between residents. Residents were supported when required by staff and staff interacted respectfully with residents during meal times. Snacks and drinks were available to residents throughout the day of inspection. One resident who had special dietary requirements, told inspectors that they were provided with whatever they required.

There was dedicated staff member to manage activities for residents. Residents that had an interest in the Olympics were watching the events closely throughout the

morning. In the afternoon residents used the outdoor for activities as the weather was good on the day. A staff member was undertaking one to one activities with the residents throughout the day. A programme of activities was in place for residents throughout the week.

There were visitors calling to friends and family throughout the day. Feedback from the visitors who spoke with the inspectors was very positive with visitors very happy with how their loved ones were supported. There were many different areas of the centre available for residents and visitors to use. One visitor spoken with reported they "could not say enough about the care they received" when talking about their family member.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations. Overall, findings of this inspection were that Powdermill Nursing Home and Care Centre was a well-managed centre, where the residents were supported and facilitated to have a good quality of life.

Powdermill Nursing Home and Care Centre is operated by JPC Powdermill Care Centre Limited. There are two directors in the company who are involved in the management of the centre. In relation to daily management support in the centre, this was provided by one director of the company who was present there each day. This member of staff also held the role of person in charge, and they were found to be knowledgeable of the responsibilities of that role, under the regulations. They were supported in the delivery of care by senior nurses and a health care team, as well as household, catering and administration staff. There were also two senior staff members participating in the management of the centre, namely the general manager and the operations manager. One clinical nurse manager had gained a qualification in infection prevention and control, which enabled them to become the lead practitioner for the centre in this aspect of care. Staff were found to be aware of their obligations in relation to safeguarding of residents and to be knowledgeable of aspects of their training.

Staffing levels in the centre were sufficient for the centre's layout and for the needs of the residents. Evidence of suitable training being provided for staff was available. Staff were also facilitated to keep this training current and up to date.

Inspectors had documentation and records made available to them upon request during the inspection. The documents and records were managed well and secured in an appropriate manner. Contracts of care for residents contained the information required by the regulations. The centre's statement of purpose contained

information on how the service was provided, was reviewed regularly and kept up to date. The directory of residents was completed with all the information required.

From an examination of the log of incidents it was evident that notification of these incidents were submitted appropriately along with follow on information to inform the inspectors of how the incident was being dealt with. Complaints were managed in a timely manner.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. They held the required qualifications under the regulations. They were well known to staff and residents, and was aware of their responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre. There were two staff nurses in the centre daily until 10pm to ensure that the night time staff nurse had assistance during the night time medication round and to supervise care.

Judgment: Compliant

#### Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles. The training matrix viewed provided evidence that staff members had up to date training completed in mandatory areas.

Judgment: Compliant

#### Regulation 19: Directory of residents

The centre had a directory of residents which was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

### Regulation 23: Governance and management

A good management structure was in place in the centre. An annual review had been completed and management systems were in place to ensure the service was effectively monitored.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. These included the services to be provided, terms and conditions, fees to be charged, the bedroom number and occupancy of the room of the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The statement of purpose had been reviewed in the previous 12 months.

Judgment: Compliant



## Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

Detailed complaints were documented. There was evidence that complaints were being managed and closed out, with the complainant's satisfaction recorded.

Judgment: Compliant

## Quality and safety

In general, the inspectors found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. Action in relation to premises which would enhance the experience of the residents in the centre is discussed under the relevant regulation.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspectors were generally comprehensive and person-centred. Residents' care plans were generally sufficiently detailed to guide staff in the provision of person-centred care. Medications for residents were managed well and new staff were supported with this, with mentoring in this area being provided by more experienced staff.

Residents had adequate space for their personal belongings and the laundry systems in the centre was well managed. Upgrades to the premises had taken place since the last inspection, with new outdoor facilities available for residents to enjoy. Areas inside the centre had been upgraded too, with items such as new flooring in

areas and a new handrail on the stairs installed. Further action was required for storage at the premises which is discussed under Regulation 17.

Residents spoken with, reported that the food available in the centre was of good quality and were very happy with this. Meal times were seen to be a social occasion for residents. The dining areas were well laid out for residents.

Visitors were seen arriving freely throughout the day. There was a variety of areas of the centre for visitors to access. Visitors spoken with on the day were very complimentary of the service provided to their loved ones.

The centre was clean and there was good systems of cleaning in place. There were cleaning schedules and checklists in place to show when rooms in the centre were cleaned. There was a new fully compliant clinical hand wash sink available to staff. A member of the management team was now the infection prevention and control lead in the centre.

In relation to fire safety, inspectors reviewed fire safety management and the physical premises. Internal escape routes were kept free and available for use. Floor plans were displayed, highlighting escape routes. Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Personal emergency evacuation plans for residents were in place and available throughout the centre for staff to use in case of an emergency.

Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted and respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from. Resident had information on the running of the centre available to them throughout various locations in the centre.

### Regulation 11: Visits

Visitors were seen visiting the centre in an unrestricted manner. Visitors spoken with were very satisfied with service being provided in the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space for their personal possessions and laundry was outsourced, managed well and was returned to residents regularly throughout the week.

Judgment: Compliant

### Regulation 17: Premises

Storage remained a concern in external areas of the centre, care items were stored in an outdoor area, which was not fully enclosed meaning the items could be exposed to the elements and get wet and damaged. This was acknowledge as a concern by the provider and plans were being made to improve storage in the centre.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There was a good choice available to residents at meal times. Residents were happy with the choices and the food looked appetising. Residents were assisted as and when required by staff and staff interacted well with residents during meal times. Residents were offered snacks and drinks at regular intervals throughout the day of inspection.

Judgment: Compliant

### Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre.

Judgment: Compliant

### Regulation 27: Infection control

The centre appeared very clean on the day of inspection. Cleaning staff had appropriate storage for equipment and cleaning checklists were maintained to ensure areas of the centre were kept clean.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines in the centre were managed appropriately. Controlled medicines were managed correctly and the return of unused medication to the pharmacy were completed in line with best practice.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspectors viewed a number of care plans. The standard of care plans was good. Care plans were updated on a four monthly basis as required by the regulations. These were person centred and used appropriate assessments to inform the care of the residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to general practitioner (GP) services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and

physiotherapy services. Residents were reviewed regularly and as required by the GP.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff interacted appropriately and respectfully with residents at all times. Restrictive practices, for example bed rails, were used with the consent of residents and in the least restrictive manner. Training was provided to staff in this area.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0044251

Date of inspection: 30/07/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            We have been working constructively with the company architect, Donal Anderson to improve fire and emergency pathways, and storage facilities over the last three months. We have agreed (subject to planning approval) to purchase some land from our neighbour to facilitate this development.</p> <p>This will consist of:</p> <ol style="list-style-type: none"> <li>1. A clear fire emergency path/exit which is clear of all or any storage items.</li> <li>2. An internal storage room for all clean linen, incontinence wear and gloves.</li> <li>3. Three new single bedrooms which will be used to reduce occupancy in "three bed rooms" where necessary. We will still cater for a maximum of 40 residents.</li> <li>4. A new reception office for all non-clinical issues.</li> <li>5. A new accounts office.</li> <li>6. New staff toilets and hand washing facilities.</li> </ol> <p>The application for planning is being prepared and will be submitted in the coming weeks.</p> <p>Any items that were being stored in the outdoor area have been removed to ensure fire and emergency pathways remain clear at all times.</p>	





**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024